

# Gift to Agency Report

## A Public Document

GIFT TO AGENCY REPORT

<b>1. Agency Name</b>		Date Stamp	<b>California Form 801</b> For Official Use Only
Governor's Office			
Division, Department, or Region (if applicable)			
Street Address			
State Capitol, Sacramento, California 95814			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (explain in comment section)  Date of Original Filing: _____ (month, day, year)	
(916) 445-0873			
Agency Contact (name and title)			
Dan Maguire, Deputy Legal Affairs Secretary			

## 2. Donor Name and Address

<input type="checkbox"/> Individual	_____ Last Name	_____ First Name	<input checked="" type="checkbox"/> Other	SAE International	_____ Name
400 Commonwealth Drive		Warrendale	PA	15096	
Address		City	State	Zip Code	

SAE is a 501(c)(3) organization that disseminates engineering and technical knowledge related to the mobility industries  
 If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

_____ Name	\$ _____ Amount	_____ Name	\$ _____ Amount
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## 3. Payment Information

Date and Amount of Payment (other than travel) See Exh. A \$ See Exh. A  
 (month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel Detroit, Michigan

<u>See Exh. A</u> Date(s) of Travel	\$ <u>See Exh. A</u> Transportation Expenses	\$ <u>See Exh. A</u> Lodging Expenses	\$ <u>See Exh. A</u> Meal Expenses	\$ <u>See Exh. A</u> Other Expenses	\$ <u>See Exh. A</u> Total Expenses
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Provide a specific description of the nature and use of the payment for official agency business:

SAE paid staff travel expenses incurred in connection with the Governor's presentation to the organization.

Identify the officials for whom the payment was used:

<u>See Exh. A</u> Last Name	<u>See Exh. A</u> First Name	<u>See Exh. A</u> Title	<u>Governor's Office</u> Department/Division
_____ Last Name	_____ First Name	_____ Title	_____ Department/Division

## 4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

<u>S/K</u> Signature of Agency Head or Designee	<u>Susan Kennedy</u> Print Name	<u>Chief of Staff</u> Title	<u>4/2/09</u> (month, day, year)
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Comment: (Use this space or an attachment for any additional information.)

## Exhibit A

## SAE Presentation

[illegible]